

# EXHIBIT A

Exhibit A Page 2 of 5  
UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
RICHMOND DIVISION

IN RE:

CIRCUIT CITY STORES, INC., et al.

Debtors.

Case No.: 08-35653  
Chapter 11  
Jointly Administered

**AFFIDAVIT OF RACHELLE BOCKSCH**

STATE OF FLORIDA :  
COUNTY OF DADE : SS

I, **RACHELLE BOCKSCH**, first having been duly sworn upon oath, deposes and says as follows:

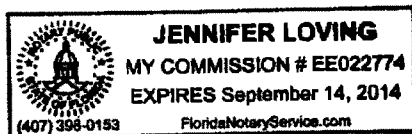
1. My name is Rachelle Bocksch and I was the attorney assigned to handle the claim of Karl Engelke vs. Circuit City, et. al.
2. A proof of claim was filed in this case on January 26, 2009 and then again on June 8, 2009. See attached.
3. The Defendant filed an objection to the proof of claim on August 20, 2009 and scheduled a hearing for same on September 22, 2009.
4. My understanding was that the Plaintiff, Karl Engelke, could pursue still any insurance coverage that was in effect on the date of the subject incident as said insurance coverage was not a part of the bankruptcy proceedings and thus any applicable insurance would not be "discharged" in bankruptcy.

Respectfully submitted,

By: *Rachelle Bocksch*  
Rachelle Bocksch, Esq  
Fla. Bar No.: 151823

Sworn to and Subscribed before me this 24<sup>th</sup> day of January, 2011.

SEAL:



*Jennifer Loving*  
NOTARY PUBLIC  
State of Florida at Large

The Debtor has listed your claim as **Unsecured claim**. If you believe that you have a claim against the Debtor, you are required to complete and return this form.

# 5276

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
<p><b>Debtor against which claim is asserted: (Check only one box below:)</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653)           <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654)           <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655)           <input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656)           <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657)           <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658)         </div> <div style="width: 33%;"> <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659)           <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660)           <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661)           <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662)           <input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663)           <input type="checkbox"/> Courchevel, LLC (Case No. 08-35664)         </div> <div style="width: 33%;"> <input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665)           <input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666)           <input type="checkbox"/> Patapsco Designs, Inc. (Case No. 08-35667)           <input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668)           <input type="checkbox"/> XSstuff, LLC (Case No. 08-35669)           <input type="checkbox"/> PRAHS, INC. (Case No. 08-35670)         </div> </div>		
<p><small>NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. The court has no jurisdiction of an administrative claim.</small></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>ENGELKE, KARL</b></p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <p><b>Court Claim Number:</b> _____ (If known)</p> <p><b>Filed on:</b> _____</p>
<p>Name and address where notices should be sent:   <b>ENGELKE, KARL</b>  <b>1001 BICKELLY BAY DR SUITE 1200</b>  <b>MIAMI FL 33131</b></p> <p style="text-align: right;">NameID: 4973889      PackID: 366312</p> <p style="text-align: right;">Telephone number: _____</p>		
<p>Name and address where payment should be sent (if different from above):  <b>Ronald M. Simon, P.A. and Karl Engelke</b>  <b>1001 Brickell Bay Drive, Suite 1200</b>  <b>Miami, Florida 33131</b></p> <p style="text-align: right;">Telephone number: <b>305-375-6500</b></p>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ _____</p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</b></p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p> <p style="text-align: center;"><b>Amount entitled to priority:</b></p> <p style="text-align: center;">\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small></p>
<p><b>2. Basis for Claim:</b> <u>personal injury</u> (See instruction #2 on reverse side.)</p>		
<p><b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>6027</u></p> <p><b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)</p>		
<p><b>4. Secured Claim</b> (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> ____ %</p> <p><b>Amount of arrearage and other charges as of time case filed included in secured claim,</b></p> <p><b>If any:</b> \$ _____ <b>Basis for perfection:</b> _____</p> <p><b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____</p>		
<p><b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p><b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain: _____</p>		
<p><b>Date:</b> <u>1-17-09</u></p> <p><b>Signature:</b> the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><i>Ronald M. Simon, Esq.</i></p>		<p style="text-align: center; font-size: 1.5em;"><b>RECEIVED</b></p> <p style="text-align: center; font-size: 1.2em;"><b>JAN 26 2009</b></p> <p style="text-align: center;"><b>KURTZMAN CARSON CONSULTANTS</b></p>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MasterCode: 10137783



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#13287

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
RICHMOND DIVISION

\_\_\_\_\_  
In re: \_\_\_\_\_ x  
: Chapter 11  
:  
CIRCUIT CITY STORES, INC., : Case No. 08-35653  
:  
et al., : Jointly Administered  
:  
Debtors. :  
\_\_\_\_\_  
\_\_\_\_\_ x

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JUN 08 2009

KURTZMAN CARSON CONSULTANTS

**ADMINISTRATIVE EXPENSE REQUEST**

Claimant, KARL ENGELKE, by and through the undersigned counsel, files this Administrative Expense Request pursuant to the United States Bankruptcy Court for the Eastern District of Virginia's Administrative Bar Date Order in the above captioned chapter 11 cases, and would state as follows:

1. Claimant, KARL ENGELKE, was involved in a slip and fall accident that occurred on May 8, 2008 at a Circuit City Store number 4201.
2. As a result of the incident, KARL ENGELKE, sustained personal injuries.
3. Claimant, KARL ENGELKE, filed a Proof of Claim, which was received on January 26, 2009, prior to the deadline. A copy of the receipt of Proof of Claim is attached hereto.
4. The Debtor against which this claim is being filed is CIRCUIT CITY STORES, INC. (Case no. 08-35653).
5. The amount claimant, KARL ENGELKE, is seeking in his claim is \$450,000 (Four Hundred Fifty Thousand Dollars and no/100).
6. The legal and factual basis for the filing of the Administrative Expense are as follows:

On May 8, 2008 KARL ENGELKE was seriously injured when he slipped and fell in the bathroom of the CIRCUIT CITY STORES bathroom. During the fall, he struck his head, rendering him unconscious. He was treated in the Emergency Room at Holmes Hospital where he had complaints of head and neck pain, nausea, erythema and swelling to the frontal aspect of his head. He sought subsequent medical treatment and was later diagnosed with a post traumatic seizure disorder, migraine headaches, and anosmia. The medical records are attached.

☒ Date Stamped Copy Returned  
☐ No self addressed stamped envelope  
☐ No copy to return



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KARL ENGELKE's claim against CIRCUIT CITY STORES is for negligently maintaining the store in an unreasonably safe condition, for failing to have a reasonable mode of operation and proper policies and procedures in place to detect dangerous conditions, for failing to warn KARL ENGELKE of the aforementioned condition and the risks involved, and by failing to properly train and supervise its employees concerning safeguarding the premises from foreseeable and known hazards.

I HEREBY CERTIFY a true and correct copy of this Administrative Expense Request was filed on this 15 day of June, 2009 to: Circuit City Stores, Inc. Claims Processing Dept., Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245.

SIMON & BOCKSCH  
Attorneys for Plaintiffs  
1001 Brickell Bay Drive, Suite 1200  
Miami, Florida 33131  
Telephone : (305) 375-9575  
Facsimile (305) 375-0388

By:

  
RACHELLE R. BOCKSCH  
Florida Bar No.: 151823

**RECEIVED**

**JUN 08 2009**

**KURTZMAN CARSON CONSULTANTS**